



**KANSAS**  
**DEPARTMENT OF HEALTH & ENVIRONMENT**  
BILL GRAVES, GOVERNOR  
Clyde Graeber, Secretary

---

December 24, 2002

Mr. Tom Conrady  
Conrady Implement  
501 W. Main  
Anthony, KS 67003

Re: Hazardous Waste Compliance Inspection of Conrady Implement, October 17, 2002  
EPA Identification Number - KSD 985 001 981  
Harper County

Dear Mr. Conrady:

Based on our telephone conversation on December 24, 2002, and the information and photographs provided in your letter our office received on December 12, 2002, all violations cited during the compliance inspection conducted on October 17, 2002, have been corrected.

Please be aware that a report of this inspection is submitted to the Bureau of Waste Management (BWM) in Topeka for review. Each report is reviewed and an evaluation is made to determine if additional enforcement is warranted. A penalty may be issued by BWM for violations identified during this inspection.

Your cooperation with the hazardous waste management program is appreciated. If you have any questions regarding this inspection or this letter, you may contact me at (316) 337-6039.

Sincerely,

Debbie Travis  
Environmental Technician

cc: John Mitchell, Bureau of Waste Management, Topeka  
Mark Duncan, Compliance and Enforcement, Topeka  
SCDO, file



R00418133

RCRA RECORDS CENTER

DIVISION OF ENVIRONMENT  
Bureau of Environmental Field Services

South Central District Office  
130 S. Market, Room 6050  
Wichita, KS 67202-3802

Printed on Recycled Paper

(316) 337-6039  
FAX (316) 337-6023  
[dtravis@kdhe.state.ks.us](mailto:dtravis@kdhe.state.ks.us)

# Hazardous Waste Compliance Monitoring and Enforcement Log

RECEIVED

DEC 30 2002  
FORM  
A

Handler Conrady Implement

ID Number K S D 9 8 5 0 0 1 9 8 1

LDF ( ) TSDF ( ) GEN ( ) KG (X) SQ ( ) NOT A GEN ( )  
HWB ( ) UOM ( ) UOB ( ) HWT ( )

Handler Name: Conrady Implement

Street: 501 W. Main

City: Anthony

County: Harper

## EVALUATION

New ☒

Followup: Date (on site)

Date (of letter) M M D D Y Y  
1 2 2 4 0 2

Delete ☐

Date M M D D Y Y  
1 0 1 7 0 2

Agency S

Type C S E

Reason 0 1

Person D L T

District S C

Areas of Evaluation (EV - Evaluated, NE - Not Evaluated, NA - Not Applicable)

Generator		Transporter		Treatment/Storage/Disposal Facility				Other							
GER	<input type="checkbox"/>	GPT	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	TGR	<input type="checkbox"/>	DCH	<input type="checkbox"/>	DGW	<input type="checkbox"/>	DMC	<input type="checkbox"/>	DPP	<input type="checkbox"/>	BRR	<input type="checkbox"/>
GGR	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	GRR	<input type="checkbox"/>	TMR	<input type="checkbox"/>	DCL	<input type="checkbox"/>	DIN	<input type="checkbox"/>	DMR	<input type="checkbox"/>	DSI	<input type="checkbox"/>	CAS	<input type="checkbox"/>
GLB	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	GSC	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	TOR	<input type="checkbox"/>	DCP	<input type="checkbox"/>	DLB	<input type="checkbox"/>	DOR	<input type="checkbox"/>	DTR	<input type="checkbox"/>	CSS	<input type="checkbox"/>
GMR	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	GSQ	<input type="checkbox"/>	TRR	<input type="checkbox"/>	DFR	<input type="checkbox"/>	DLF	<input type="checkbox"/>	DOT	<input type="checkbox"/>	DTT	<input type="checkbox"/>	FEA	<input type="checkbox"/>
GOR	<input type="checkbox"/>			TWD	<input type="checkbox"/>	DGS	<input type="checkbox"/>	DLT	<input type="checkbox"/>	DPB	<input type="checkbox"/>	DWP	<input type="checkbox"/>	ILD	<input type="checkbox"/>

Used Oil UOM ☐ UOB ☒ UOT ☐ UOP ☐ UOR ☐ Used Oil Generator

## COMMENTS

VIOLATION # 1

Date Determined M M D D Y Y  
1 0 1 7 0 2

New ☐ Change ☒ Delete ☐ Comments ☐

Agency S Number ☐ ☐ ☐ ☐ Area G G R Class 2 Priority ☐ Type S R

Regulation Citation: K.A.R. 28-31-16

Description: Used oil storage tanks not marked with the words "used oil."

Returned to Compliance

Sch'd M M D D Y Y  
1 2 1 2 0 2  
Actual 1 2 1 2 0 2

VIOLATION # 2

Date Determined M M D D Y Y  
1 0 1 7 0 2

New ☐ Change ☒ Delete ☐ Comments ☐

Agency S Number ☐ ☐ ☐ ☐ Area G P T Class 2 Priority ☐ Type S R

Regulation Citation: K.A.R. 28-31-4(h)(1)(F)

Description: Failure to post emergency contact and emergency information.

Returned to Compliance

Sch'd M M D D Y Y  
1 2 1 2 0 2  
Actual 1 2 1 2 0 2

VIOLATION #

Date Determined M M D D Y Y

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S Number ☐ ☐ ☐ ☐ Area ☐ ☐ ☐ ☐ Class ☐ Priority ☐ Type ☐

Regulation Citation:

Description:

Returned to Compliance

Sch'd M M D D Y Y  
Actual ☐ ☐ ☐ ☐ ☐ ☐

VIOLATION #

Date Determined M M D D Y Y

New ☐ Change ☐ Delete ☐ Comments ☐

Agency S Number ☐ ☐ ☐ ☐ Area ☐ ☐ ☐ ☐ Class ☐ Priority ☐ Type ☐

Regulation Citation:

Description:

Returned to Compliance

Sch'd M M D D Y Y  
Actual ☐ ☐ ☐ ☐ ☐ ☐

# Hazardous Waste Compliance Monitoring and Enforcement Log

**FORM  
B**

ID Number **K S D 9 8 5 0 0 1 9 8 1**

Handler Name: **Conrady Implement**

<b>VIOLATION #</b> _____		<b>Date Determined</b>		<div>M</div> <div>M</div>	<div>D</div> <div>D</div>	<div>Y</div> <div>Y</div>
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="text"/>			
<b>Agency</b>	<b>Number</b>	<b>Area</b>	<b>Class</b>	<b>Priority</b>	<b>Type</b>	
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div> <div></div>	
Regulation Citation: _____						
Description: _____ Returned to Compliance						
		<div>Schl'd</div>		<div>M</div> <div>M</div>	<div>D</div> <div>D</div>	<div>Y</div> <div>Y</div>
		<div>Actual</div>		<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>

<b>VIOLATION #</b> _____		<b>Date Determined</b>		<div>M</div> <div>M</div>	<div>D</div> <div>D</div>	<div>Y</div> <div>Y</div>
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="text"/>			
<b>Agency</b>	<b>Number</b>	<b>Area</b>	<b>Class</b>	<b>Priority</b>	<b>Type</b>	
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div> <div></div>	
Regulation Citation: _____						
Description: _____ Returned to Compliance						
		<div>Schl'd</div>		<div>M</div> <div>M</div>	<div>D</div> <div>D</div>	<div>Y</div> <div>Y</div>
		<div>Actual</div>		<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>

<b>VIOLATION #</b> _____		<b>Date Determined</b>		<div>M</div> <div>M</div>	<div>D</div> <div>D</div>	<div>Y</div> <div>Y</div>
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="text"/>			
<b>Agency</b>	<b>Number</b>	<b>Area</b>	<b>Class</b>	<b>Priority</b>	<b>Type</b>	
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div> <div></div>	
Regulation Citation: _____						
Description: _____ Returned to Compliance						
		<div>Schl'd</div>		<div>M</div> <div>M</div>	<div>D</div> <div>D</div>	<div>Y</div> <div>Y</div>
		<div>Actual</div>		<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>

<b>VIOLATION #</b> _____		<b>Date Determined</b>		<div>M</div> <div>M</div>	<div>D</div> <div>D</div>	<div>Y</div> <div>Y</div>
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="text"/>			
<b>Agency</b>	<b>Number</b>	<b>Area</b>	<b>Class</b>	<b>Priority</b>	<b>Type</b>	
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div> <div></div>	
Regulation Citation: _____						
Description: _____ Returned to Compliance						
		<div>Schl'd</div>		<div>M</div> <div>M</div>	<div>D</div> <div>D</div>	<div>Y</div> <div>Y</div>
		<div>Actual</div>		<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>

<b>VIOLATION #</b> _____		<b>Date Determined</b>		<div>M</div> <div>M</div>	<div>D</div> <div>D</div>	<div>Y</div> <div>Y</div>
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="text"/>			
<b>Agency</b>	<b>Number</b>	<b>Area</b>	<b>Class</b>	<b>Priority</b>	<b>Type</b>	
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div>	<div></div>	<div>S</div> <div>R</div>	
Regulation Citation: _____						
Description: _____ Returned to Compliance						
		<div>Schl'd</div>		<div>M</div> <div>M</div>	<div>D</div> <div>D</div>	<div>Y</div> <div>Y</div>
		<div>Actual</div>		<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>

<b>VIOLATION #</b> _____		<b>Date Determined</b>		<div>M</div> <div>M</div>	<div>D</div> <div>D</div>	<div>Y</div> <div>Y</div>
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Comments <input type="text"/>			
<b>Agency</b>	<b>Number</b>	<b>Area</b>	<b>Class</b>	<b>Priority</b>	<b>Type</b>	
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div>	<div></div>	<div></div> <div></div>	
Regulation Citation: _____						
Description: _____ Returned to Compliance						
		<div>Schl'd</div>		<div>M</div> <div>M</div>	<div>D</div> <div>D</div>	<div>Y</div> <div>Y</div>
		<div>Actual</div>		<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>

**ENFORCEMENT**

New ☐ Change ☐ Delete ☒

Date 

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7

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2

Number  Agency 

S

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 District 

S

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 Person 

D

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T

**COVERED VIOLATIONS**

<b>Agency</b>	<b>Violation Number</b>	<b>Area</b>
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>

<b>Agency</b>	<b>Violation Number</b>	<b>Area</b>
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>

<b>Agency</b>	<b>Violation Number</b>	<b>Area</b>
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
<div>S</div>	<div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>

Comments: \_\_\_\_\_